

**Summary of Remarks by
Tevi Troy, Deputy Secretary of Health and Human Services
Pandemic All-Hazards Preparedness Act
Stakeholders Meeting
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President Bush and Congress have charged HHS to prepare against all threats, from the natural to the manmade. Secretary Leavitt has designated emergency preparedness one of the highest priorities of his tenure, and we have adopted an all-hazards approach to our efforts.

This approach is reflected in the Pandemic and All-Hazards Preparedness Act, which established a new Assistant Secretary for Preparedness and Response, or ASPR. The Act gave ASPR new functions within the Department. It provided new authorities for a number of programs, such as the advanced development and acquisition of medical countermeasures through BARDA complementing Project BioShield efforts. The Act also called for the establishment of a quadrennial National Health Security Strategy.

In addition to key pieces of legislation like the Pandemic and All-Hazards Preparedness Act, President Bush has also initiated efforts to develop, and has issued, several national strategies that guide our efforts to prepare the American people. For example, the *Homeland Security Presidential Directives, or HSPD, guide our implementation efforts. In October, HSPD-21 was released to establish a national strategy for public health and medical preparedness.*

As we saw in ASPR's response to recent crises like the California wildfires, these activities are providing a firm foundation for all-hazards preparedness and response efforts. Though we are making a number of assumptions about possible terrorist attacks, fundamentally there is a lot that we won't know until the worst happens. So we're trying to build in as much flexibility and local responsibility as possible to keep us nimble when the time comes through ideas like medkits and distribution exercises like those that the United States Postal Service has been conducting.

But there's one threat in particular that has a lot of people concerned right now: pandemic influenza. Over the last three hundred years there have been ten pandemics, including three in the last century. Two of them, 1957 and 1968, were relatively minor events. But the pandemic of 1918 was catastrophic. It killed more than half a million Americans.

When it comes to pandemics, there is no rational basis to believe that the early years of the 21st century will be different than the past. If a pandemic strikes, it will come to the United States and to communities all across the world.

Going back to our all-hazards methodology, the investments we make in preparing for pandemic influenza help prepare us against the seasonal flu that already kills upwards of 36,000 Americans every year. While a lot has been accomplished, we cannot do everything all at once. With this in mind, we have delineated our role at the federal government on pandemic preparedness to include five main objectives:

1. Disease monitoring;
2. Stockpiling countermeasures;
3. Developing vaccines;
4. Establishing communications plans; and
5. Setting up local plans.

And because it would be at least six months between the identification of the pandemic virus and the production of an effective vaccine, we must look carefully at community containment measures. Community containment measures can be extremely effective at curtailing the spread of pandemics. What does this mean? Practice social distancing. Perhaps keep your children home from school. Avoid busy public places like malls or gatherings.

As we found in a recent study, community containment measures, when promptly applied, can have a significant effect on death rates during a pandemic.

The study compared St. Louis with Philadelphia during the 1918 pandemic. Within two days of cases being reported in St. Louis, officials introduced a broad series of measures curtailing public gatherings. In Philadelphia, officials took several weeks to implement similar measures. They even allowed a city-wide parade before they mandated community mitigation. And in the end, the peak mortality in St. Louis was only one-eighth that of Philadelphia.

People in communities across the country need to be prepared to mitigate the effects of disasters wherever, whenever, and however they occur. While we at HHS provide leadership on public health and medical preparedness at the federal level, preparedness is a partnership that must include governors, mayors, county commissioners, pastors, school principals, corporate planners, the entire medical community, individuals, and families. It is through these partnerships that we build community resiliency.

Local preparedness must be the foundation of readiness, because in the case of a public health emergency, local communities are the first responders. In emergency preparedness, we usually think of and exercise single short disaster scenarios. But what if the next disaster to strike us is a pandemic? That's why it's vital that we understand the role of the federal government versus the role of states and communities when it comes to preparedness.

Over the past few decades, we have been confronted with a variety of disasters, from hurricanes to wildfires to terrorist attacks. We have learned a great deal about what response efforts do and don't work. We are implementing the best ideas from the reports that have been issued both inside and outside the government, and are working to patch the flaws in the system. As we move forward in these efforts, we need to foster and deepen partnerships between federal, state, and local governments, the free market, communities, and families and individuals to build resiliency. It is that resiliency, built up over time, that will sustain us during times of crisis.

Whether it is next week, next year, or over the next decade, when the next disaster befalls Americans, they're going to look to you to provide that leadership. Thank you for joining us to

pursue the goal of rational, effective emergency preparedness. Thank you for your perspectives and expertise. And thank you for working to keep this great country safe.